

This form has been developed for use in all future requests for Federal Functional classification changes. One form should be completed and submitted for each requested classification change. Functional classification changes require coordination with the MPO, if applicable. Upon completion of the requested forms they should be submitted to the WSDOT Region Local Programs Engineer with a transmittal letter signed by the Mayor, Chairman of the Board or other responsible official of the agency.

1. COUNTY or CITY NAME		COUNTY or CITY NO. <i>(refer to Local Agency Guidelines)</i>
2. LOCAL AGENCY CONTACT PERSON		TELEPHONE NO.
3. LOCAL NAME OF ROUTE		ROUTE NO. <i>(if State Route use SR No.)</i>
4. TERMINI OF ROUTE <i>(mile post or other identification)</i>		
FROM	TO	LENGTH: Miles
5. TYPE OF AREA <i>(mark appropriate space)</i> : <input type="checkbox"/> URBAN <input type="checkbox"/> RURAL		
6. EXISTING FUNCTIONAL CLASSIFICATION	PROPOSED FEDERAL FUNCTIONAL CLASSIFICATION	
<i>(major collector, minor collector, principal arterial, minor arterial collector, local system)</i>		
7. SPACING <i>(distance to parallel Federal functionally classified route)</i> Miles:		
8. DOES ROUTE EXTEND INTO ANOTHER JURISDICTION <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes – concurrence from the other affected agency is required – unless the functional classification can logically be changed between agencies.)</i>		
9. EXISTING ROAD CHARACTERISTICS		
Roadway Width (incl. shoulders):                  ft.		
Surfacing Type <i>(mark appropriate space)</i> <input type="checkbox"/> Gravel <input type="checkbox"/> ACP <input type="checkbox"/> BST <input type="checkbox"/> Earth <input type="checkbox"/> Other:		
10. TRAFFIC GENERATORS <i>(what generator does route serve?)</i>		
INDUSTRIAL: Employees _____ VPD _____	SHIPPING POINTS: Annual Tons _____	
AIRPORTS: Annual Flights _____	RECREATIONAL: Annual Visitors _____ <i>(parks, ski resorts, lakes, beaches, etc.)</i>	
MILITARY INSTALLATIONS: Type _____	AGRICULTURE AREAS: _____	
SHOPPING CENTER: No. Stores _____	COLLEGE OR UNIVERSITY: Enrollment _____	
OTHER: Type _____ VPD _____	GOV. INSTITUTION: VPD _____	
11. Are there zoning ordinances which can restrict growth or encourage growth of any of the above generators? Please indicate below.		

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12. TRAFFIC (at significant volume change locations)

M.P. \_\_\_\_\_ EXISTING TRAFFIC \_\_\_\_\_ VPD

Percent through traffic \_\_\_\_\_

Future Traffic (15 years) \_\_\_\_\_ VPD

M.P. \_\_\_\_\_ EXISTING TRAFFIC \_\_\_\_\_ VPD

Percent through traffic \_\_\_\_\_

Future Traffic (15 years) \_\_\_\_\_ VPD

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13. Written description of route *(general characteristics including alignment, speed limit and how it relates to the surrounding area in terms of importance.)*

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14. A brief description why the proposed change is requested and justification for the change.

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15. Additional remarks to more fully explain the situation.

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16. Attach a vicinity map showing the proposed changes, and existing Federal Functional Classifications.